



OFFICE OF PUBLIC INSTRUCTION

PO BOX 202501
HELENA MT 59620-2501
www.opi.mt.gov
(406) 444-3095
888-231-9393
(406) 444-0169 (TTY)

Tim Waples
Superintendent

CLASS 6 SCHOOL PSYCHOLOGIST/SCHOOL COUNSELOR LICENSURE APPLICATION

The Montana Superintendent of Public Instruction is responsible for issuing all teacher, administrator, and specialist licenses in the state of Montana. The Educator Licensure Program at the Superintendent's Office of Public Instruction is responsible for evaluating all applications for licensure.

Montana law requires that all educators be properly licensed and endorsed prior to being employed in an accredited school in Montana. If you have not been licensed in Montana, or if you wish to reinstate a lapsed, revoked or suspended license, you must complete this application material.

Montana law also requires that any applicant for initial licensure, any person seeking emergency authorization of employment or any applicant seeking to reinstate a lapsed, revoked or suspended license must submit information and material for a fingerprint-based national criminal history background check. The application for that background check is a separate packet of documents.

Please follow the instructions, complete all application material, attach all required documentation, and return the completed application material to:

**Educator Licensure Program
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501**

For more information, you may contact Educator Licensure at (406) 444-3150 or cert@mt.gov.

If you are a Veteran or currently serving in the military, contact Troops to Teachers at 866-478-3224 or ttt@montana.edu for information regarding financial aid.

Over 170 years ago, Abraham Lincoln said, "Upon the subject of education, . . . I can only say that I view it as the most important subject which we as a people can be engaged in." Nothing has changed since that time — public education remains a cornerstone of our democracy. Thank you for your interest in applying for a Montana Educator License. We welcome the opportunity to consider your application.

If you need assistance from my staff or me, please contact us. Our website at www.opi.mt.gov contains a great deal of information that may be of help to you.

Superintendent of Public Instruction

Professional Educators of Montana Code of Ethics

**Adopted by the Certification Standards and Practices Advisory Council of the
Montana Board of Public Education on October 30, 1997.**

Preamble

Education in Montana is a public endeavor. Every Montanan has a responsibility for the schooling of our young people, and the state has charged professional educators with the primary responsibility of providing a breadth and depth of educational opportunities.

The professional conduct of every educator affects attitudes toward the profession and toward education. Aware of the importance of maintaining the confidence of students, parents, colleagues and the public, Montana educators strive to sustain the highest degree of ethical conduct. While the freedom to learn and the freedom to teach are essential to education in a democracy, educators in Montana balance these freedoms with their own adherence to this ethical code.

The Professional Educator in Montana:

Makes the well-being of students the foundation of all decisions and actions.

- Protects students when their learning or well-being is threatened by the unsafe, incompetent, unethical, or illegal practice of any person.
- Provides educational services with respect for human dignity and the uniqueness of the student.
- Safeguards the student's right to privacy by judiciously protecting information of a confidential nature.

Fulfills professional responsibilities with diligence and integrity.

- Enhances individual competence by increasing knowledge and skills.
- Exemplifies and fosters a philosophy of education which encourages a lifelong pursuit of learning.
- Contributes to the development and articulation of the profession's body of knowledge.
- Promotes professionalism by respecting the privacy and dignity of colleagues.
- Demands that conditions of employment are conducive to high-quality education.

Models the principles of citizenship in a democratic society.

- Respects the individual roles, rights, and responsibilities of the community including parents, trustees, and colleagues.
- Assumes responsibility for individual actions.
- Protects the civil and human rights of students and colleagues.



F gphg'Lwpgew, Superintendent
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• NOTICE •
APPLICATIONS MORE THAN ONE YEAR OLD
WILL BE DESTROYED.

CLASS 6 SPECIALIST

Last Name	First Name	Middle Name	Former Name(s)	
Mailing Address (Street, RFD, PO Box)		City	State	ZIP
Name as you wish it to appear on license		E-Mail Address		
Folio No. (if previously assigned)	Social Security No.	Date of Birth	Home Telephone	Work Telephone

Classes Applied for and Nonrefundable Fees: (MCA §20-4-109)

	Fee	Check Classes Requested
Mandatory Filing Fee for Initial License	\$6.00	✓
Class 1—Professional Educator License (5-year license)	\$30.00	
Class 2—Standard Educator License (5-year license)	\$30.00	
Class 3—Administrative Educator License (5-year license)	\$30.00	
Class 4—Career and Vocational/Technical License (5-year license)	\$30.00	
Class 5—Alternative License (3-year license)	\$18.00	
Class 6—Specialist Educator License (5-year license)	\$30.00	
TOTAL Cost of All Checked—Submit check payable to “OPI”	\$	

FOR STATISTICAL USE ONLY: (a) Gender: Female____ Male____ (b) Ethnicity: American Indian/Alaskan Native____ Asian American____
Hispanic or Latino____ Black or African American____ White, Non-Hispanic____ Native Hawaiian or Pacific Islander____
Other (specify)_____

Select endorsement area: ☐ School Psychologist
☐ School Counselor

Do you currently hold a certified position in a Montana school? ☐ Yes ☐ No If yes, what school? _____

Supervisor_____ Telephone_____

State of_____

County of_____

OATH:

You must subscribe to the following oath or affirmation before a notary public or other officer authorized by law to administer oaths.

(MCA §20-4-104.) “I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana.”

DECLARATION:

- I hereby declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentations, or omissions of material fact in or with this application may lead to the denial, revocation or suspension of the license(s) I am seeking.
- I acknowledge that I have read the **Professional Educators of Montana Code of Ethics**.

Signature of Applicant_____

Subscribed and sworn before me

Signature of Notary Public_____

this _____ day of _____
(month) (year)

My Commission Expires_____

❖ SPECIFY THE SCHOOL YEAR FOR WHICH THIS LICENSE IS BEING REQUESTED: 20____ - 20____

MONTANA EDUCATOR LICENSURE APPLICATION

CHARACTER AND FITNESS INFORMATION

Last Name	First Name	Middle Initial	Former Name(s)	
Mailing Address: (Street, RFD, PO Box)		City	State	ZIP

Social Security Number

	Yes	No
Do you currently hold a Montana Educator License?		
<p>Do you currently hold or have ever held a professional certificate, license, or other credential in any other field?</p> <p>If yes, please provide: State or Jurisdiction _____ Type of License _____ Certificate Number _____ Issue Date _____ Expiration Date _____</p>		

Answer each of the following questions by checking "Yes" or "No." **If the answer to any of the questions below is "Yes," please attach a separate signed, dated, and detailed explanation of each event, including the date of the event and the circumstances surrounding the event.**

	The questions apply to your experiences in Montana or in any other state or country.	Yes	No	Information Previously Provided to OPI
1	<p>Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in any field, including teaching, or is any such action pending?</p> <p>Adverse action includes, but is not limited to, letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, cancellation or failure to renew.</p>			
2	<p>Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct or is any such action pending?</p> <p>The scope of this question includes being dismissed from any teaching, administrative or specialist position for failure or refusal to fulfill an employment contract or any other misconduct associated with the teaching profession.</p>			

		Yes	No	Information Previously Provided to OPI
3	<p>Have you ever been convicted of a felony or misdemeanor crime in Montana or any other state or country or is any such action pending?</p> <p>You may omit minor traffic violations, such as speeding tickets, but you must include DWIs, DUIs, reckless driving or similar violations. You must include cases in which you were found guilty, entered into a plea agreement, or entered a plea of “no contest” (or similar plea). We encourage you to be as inclusive as possible. If you are uncertain about whether to include a particular experience, contact OPI Legal Division at (406) 444-4402.</p> <p>If the answer to this question is “Yes” please include the court name and address and the case name and number if available. If you have copies of court documents, please provide copies with your statement regarding the circumstances.</p>			

Release of Information:

I am seeking a Montana Educator License. I hereby expressly and voluntarily authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information, to the Montana Office of Public Instruction and its agents. I understand and agree that such information may be necessary for the evaluation of my Educator Licensure Application. I release the Montana Office of Public Instruction and any agency, court, organization, company, institution, or person furnishing this information from any liability for damage that may result from any dissemination of the information requested. My signature below confirms this consent.

I hereby declare under penalty of perjury the information included in or with this supplement is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentation, or omission of material fact in or with this application may lead to the denial, revocation or suspension of the license I am seeking.

Date

Applicant Signature

FOR OFFICE OF PUBLIC INSTRUCTION USE ONLY:

Fingerprint Background

Check Complete _____

Investigation Complete _____

Application Approved: _____ Date _____

Comments:



Fergus, Superintendent
Montana Office of Public Instruction
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INSTITUTIONAL EVALUATION AND RECOMMENDATION FOR CLASS 6 (SPECIALIST) LICENSE SCHOOL PSYCHOLOGIST

Complete this form only if applying for a Class 6 License. If not, please discard. The recommending institution must have an NCATE accredited or state board approved professional educator preparation program.

Last Name	First Name	Middle Initial	Former Name(s)	
Mailing Address: (Street, RFD, PO Box)		City	State	ZIP

TO THE APPLICANT: The complete application must be sent to the Dean of Education of the college granting your professional degree or the college where you plan to complete professional requirements. The application must be accompanied by a complete set of official transcripts for the Dean's review. **THESE TRANSCRIPTS MUST BE ATTACHED TO THIS FORM** to become part of the completed application.

TO THE INSTITUTION: (To be completed by the Dean of Education or other appropriate official.) Make your evaluation with reference to your own approved program in school psychology and Montana's minimum standards as listed below:

SCHOOL PSYCHOLOGIST ENDORSEMENT

1. Basic Education: Master's degree in school psychology or equivalent related area	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Completed Course #	Semester Credits	Quarter Credits	Check if Deficient
2. 10 semester (15 quarter) credits in general education/ psychology (graduate or undergraduate) training to include:				
a. new careers or transitions	_____	_____	_____	_____
b. human growth and development	_____	_____	_____	_____
c. general psychology	_____	_____	_____	_____
d. educational psychology, and	_____	_____	_____	_____
e. abnormal psychology	_____	_____	_____	_____
3. Education program: (undergraduate or graduate credit)				
a. exceptional children (must include special education)	_____	_____	_____	_____
b. curriculum development	_____	_____	_____	_____
c. diagnosis and remediation of reading	_____	_____	_____	_____
d. educational evaluation, and	_____	_____	_____	_____
4. Psychological methods and techniques: (graduate credit)				
a. individual intelligence testing	_____	_____	_____	_____
b. child (psychopathology)	_____	_____	_____	_____
c. personality assessment	_____	_____	_____	_____
d. interviewing and counseling	_____	_____	_____	_____
e. behavior modification	_____	_____	_____	_____
f. school psychology practicum/internship (a minimum of 4 semester hours or appropriate waiver)	_____	_____	_____	_____
g. administration, role and function of school psychology	_____	_____	_____	_____

I hereby certify that (applicant's name) _____

☐ has satisfactorily completed the approved program requirements of this institution, has met Montana's minimum course requirements and is academically eligible for a Class 6 (specialist) license.

☐ has satisfactorily completed the approved program requirements of this institution but HAS NOT met Montana's minimum course requirements.

☐ is NOT recommended for licensure. Please attach statement.

Signature _____

Institution _____

Title _____

Date _____

Phone _____



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INSTITUTIONAL EVALUATION AND RECOMMENDATION FOR CLASS 6 (SPECIALIST) LICENSE SCHOOL COUNSELOR

Complete this form only if applying for a Class 6 Specialist License endorsed for School Counselor. If not, please discard. Recommending institution must have an NCATE accredited or state board approved professional educator preparation program.

Last Name	First Name	Middle Initial	Former Name(s)	
Mailing Address: (Street, RFD, PO Box)		City	State	ZIP

TO THE APPLICANT: This form must be sent to the Dean of Education of the college granting your professional degree or the college where you plan to complete professional requirements and must be accompanied by a complete set of official transcripts for the Dean's review. TRANSCRIPTS MUST BE ATTACHED TO THIS FORM to become part of the complete application.

TO THE INSTITUTION: (To be completed by the Dean of Education or other appropriate official.) Make your evaluation with reference to your own approved program in school counseling.

I hereby certify that _____
(Name)

☐ has satisfactorily completed the approved graduate program requirements of this institution for K-12 school counselor to include a 600-hour internship in a school or school-related setting. _____
(Number of hours in internship)

☐ has not yet completed the approved graduate program requirements of this institution for K-12 school counselor.

Signature:	Institution:		
Title:	Date:	Phone:	



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CLASS 6 CHECKLIST

Please be aware that:

- **Incomplete application files will be returned without action,**
- **Fees paid are nonrefundable,**
- **Transcripts can be sent directly from your college or university.**

- ☐ Have you completed all applicable sections of your application? Be sure to include date of birth, social security number, e-mail address, and physical address. (page 3)
- ☐ Have you completed the Character and Fitness Information? (pages 4 & 5)
- ☐ Have you completed and mailed the Criminal History Background Check Application to the Montana Department of Justice with a check for \$34 payable to the Montana Department of Justice?
- ☐ Have you included or requested a complete set of official (not a photocopy) transcripts showing your BA and MA degrees and dates of awards?
- ☐ Has your application been signed and dated before a licensed notary public? Has the notary affixed his or her seal? (page 3)
- ☐ Have you indicated what school year you wish to have your license validated? (bottom of page 3)
- ☐ Have you made your check or money order for fees payable to the OPI?
- ☐ Has your college completed the applicable Institutional Evaluation and Recommendation form? (page 6 or 7)